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Bib Data Sheet

CONFIRMATION NO. 4265

<b>SERIAL NUMBER</b> 10/792,365	<b>FILING OR 371(c) DATE</b> 03/02/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> 046,846-010
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/535,230 01/09/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 05/24/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Examiner's Signature</i> <i>Initials</i>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**

34263

**TITLE**

Transpulmonary systemic cooling using liquid mists

<b>FILING FEE RECEIVED</b> 437	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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